

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

**HUMAN RIGHTS COMMITTEE
VOLUNTEER APPLICATION**

NAME *(Last, First, M.I.)*

ADDRESS *(No., Street, City, State, ZIP)*

HOME PHONE NO.

WORK PHONE NO. *(If applicable)*

CURRENT EMPLOYMENT *(If applicable)*

DESCRIBE CURRENT COMMUNITY SERVICE ACTIVITIES

DESCRIBE ANY EXPERIENCES YOU HAVE HAD WORKING WITH PERSONS WHO ARE DEVELOPMENTALLY DISABLED EITHER WITHIN YOUR FAMILY OR IN THE COMMUNITY

HOW DID YOU HEAR ABOUT THE HUMAN RIGHTS COMMITTEE (HRC)?

HOW DO YOU BELIEVE YOU CAN CONTRIBUTE TO THE WORK OF THE HRC?

ARE YOU WILLING TO COMMIT TO A YEAR OF ACTIVE PARTICIPATION WITH THE HRC?

ARE YOU AWARE OF ANY POTENTIAL CONFLICT OF INTEREST? (e.g.: Do you or any immediate family member derive any income through employment or contract with the Division of Developmental Disabilities?) IF SO, PLEASE EXPLAIN

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT YOURSELF OR YOUR INTEREST IN SERVING THE HRC?

HAVE YOU HAD ANY RELATED PROFESSIONAL EXPERIENCE?

ETHNICITY/RACE (Optional)

SIGNATURE

DATE

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-6825.